

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form **720-TO**(September 2000)
Department of the Treasury
Internal Revenue Service**Terminal Operator Report**

OMB No. 1545-xxxx

For the month ending , 20 .

☐ Corrected ☐ Void**Part I Terminal Operator**

Company name			Employer Identification Number (EIN)
Address (number, street, room or suite number)			Form 637 Registration Number
City, state, and ZIP code			
Contact person	Daytime telephone number ()	Fax number ()	E-mail address

Part II Terminal

Name of terminal	Terminal Control Number (TCN)
Terminal location	

Part III Transactions for the Month

	Net Gallons (attach additional schedules if needed) Enter the transactions for the period on Schedules A and B, then complete lines 1 through 7 for each product code (PC). See page x in the instructions for the product codes.						
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	PC:	PC:	PC:	PC:	PC:	PC:	PC:
1 Beginning inventory.							
2 Total receipts. Enter amounts from Schedule A.							
3 Total gallons available. Add lines 1 and 2.							
4 Total disbursements. Enter amounts from Schedule B.							
5 Subtract line 4 from line 3.							
6 Stock gains and losses. Show losses in (parentheses).							
7 Actual physical ending inventory at terminal.							

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► Title, if applicable ► Date ►

(Please type or print your name below signature.)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 73072W

Form **720-TO** (September 2000)

For the month ending (enter MM/DD/YYYY)

Product code. Enter in the columns below the information requested for a specific product code. Use additional schedules for each product code. See page x in the instructions for product codes. ► _____

[illegible]

Total. Add amounts in column (f) and enter the total. Also, enter on Form 720-TO, line 2, in the column for the applicable product code.

Schedule B Terminal Operator Disbursements by Position Holder		
Position holder (PH) name. Enter one name per page.	PH EIN	PH Form 637 Registration Number

See page x in the instructions for product codes. ► _____

[illegible]